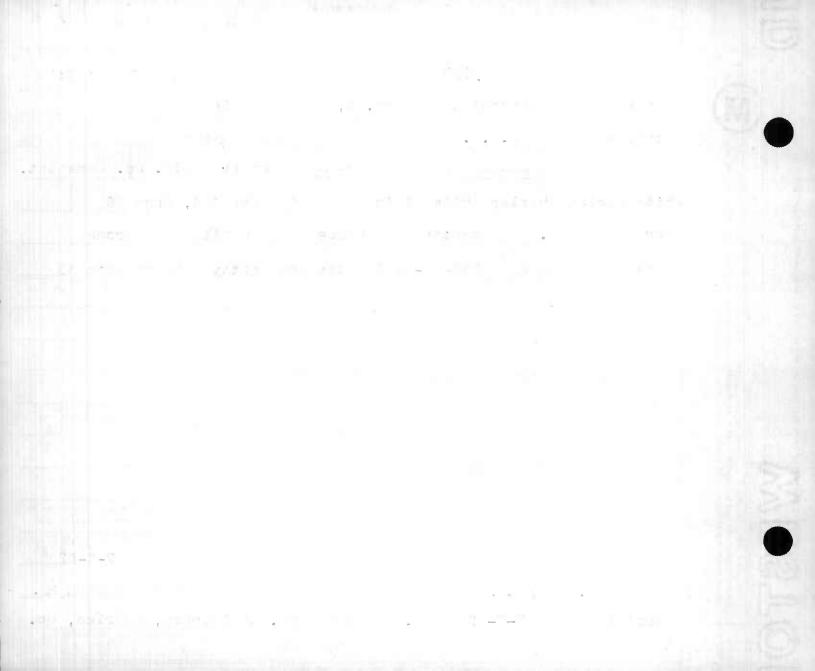
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN XX MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED John Alvey. Melvin 19 4 RACE IF UNDER 1 YR. SEX 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOLINCED 6:00 DEAD Dec. 16.1974 12 1982 Male White 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY U.S.A. Charles County, Marvland DIVORCED WIDOWED . 10. CITY OR TOWN OF DEATH BE FILED. II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) La Plata Physician's Memorial Hospital CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. AND 310 USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE TO HEALTH AND MENTAL HYGIENE, DIVISION OF WIAL PECORDS. IRIAL, CREMATION, OR REMOVAL. Student Elem.Sch USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Bel Alten NO V Charles 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 1.451 FIRST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. John Melvin Alvey.Sr Swann Mary Ann ADDRES 44 Renald 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! Golden Beach N/A Mary Ann Boteler 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke Inhalation DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 21201 PRIOR TO BURIAL, YES XX NO T TO MEDICAL EXAMINER: THIS CERTIFICATE SY EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTIMENT 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING XXOR HOUR A.M. MONTH DAY 12 subject in housefire CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (ATHOME 21L LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Delivery, Bel Alton, Charles Co., Md. Home Autopsy XX 22a. I certify that I took charge of the remains described above, held an and in my opinion Accident XX Hamicide Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL Assistant 7-12-82 _MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 7-16-82 St. Ignatius Ch. Cem. Chas. Burial PertTebacce Md. BP 25) PEGISTRARY SIGHT HELL 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5) Arehart Funeral Home La Plata.Md

20M 4/82

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9	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL H CATE OF DEATH	YGIENE 8 2	. NO.	8 3	9 4
		DECEASED NAME FIRST	WIDDLE	U	ST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
deo de		GIIY	Ralph	BEATTY			JULY 1		9:45A M
	1.	SEX	4 RACE	5. DATE O		& AGE JIN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS
(MI)	L	Male	Caucasian	Nov	9, 1925	56	YRS.		
	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	The CITIZEN OF WHAT COUNT	RY? 8 MARRIED	NEVER MARRIED	BALTIMORE CITY	OR COUNTY C)F DEATH	
9 1		aryland	U.S.A.	WIDOWE		□ CHARLE			MD
by the t	7	A PLATA	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST PMYSICIANS MEN	REET ADDRESS)		128 USUAL OCCUP.	T OF WORKING LIEE)	INDUSTRY	nstuct.
24 hour	US	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	134 INSIDE CITY HMITS?	Box 101		#6	
ishin tely 2 sh	10 14	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN	NAME		LAST	
completely 1 and 2 sh	01	Buy R.	Beatt	y	Maude	Marie		Cronk	
Pages 1	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADI	DRESS		
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ng physicie bonpaper remaval		PART I, DEATH WAS CAUSE	oly one couse per line for (a), (b) D BY TE CAUSE (a)		irelary a	vrest.		BETWEEN	MATE INTERVAL ONSET AND DEATH
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e hos DIREC Iched Dept		22b. SIGNATURE	^		DEGREE			22t. DATE	SIGNED
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D € 5 4 3 ₹-	23	BURIAL, CREMATION, REMOVAL		3c NAME OF C	METERY OR CREMATOR			OUNTY	STATE
BP		Burial	7-7-82	Md. Ve	terans Cem			harle	8.4.4
DHMH-16 20M (VRA 15, 4) 7/78		FUNERAL DIRECTOR Humes	el Home The	elder A		PATE RECT!. BY RECTS P		ARS JONAL	URE



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

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and Mental Hygie

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MPORTANT:

- STATE

14. FATHER'S NAME

CERTIFICATION

MEDICAL

Eugene

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Blandford

REGISTRAR			CERTIFICATE OF	DEATH	R	EG. NO.				
1 DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST		20 DATE OF DE	ATH MONTH	DAY Y	AR	26 HOU	R
	ugene Sco	tt	Burroughs	Jr.	July	25, 198	32		7:2	2 "
3. SEX	4 RACE		5 DATE OF BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1	YEAR	IF UNDER	24 HRS
Male	Cauca	sian	Dec. 17,	1902	79	YRS	MONTHS	DATS	HOURS	MIN.
Maryland	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER	MARRIED	10111	rles	Y OF DEAT	Н		
Hughesvill	(IF NOT IN SU	HOSPITAL, NURSING	Rt.#1 Box	TITUTION	12a USUAL OCC (TYRE OF WORK FOR Engin	UPATION MOST OF WORKING I	126. KI INDU: 5 t s		BUSINE	SS OR
USUAL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION 131 COUNTY Charles	GIVE RESIDENCE BEFORE A	111 YES	CITY LIMITS?	13. STREET ADD	RESS Drive	Rt#.	. в	ox	44

IYES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		.ou Gough	Box 25 Chaptico.	Maryland
PART I. DEATH W	I (Enter only one couse per AS CAUSED BY:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2030 Conditions, if ony,	DUE TO, O	R AS A CONSEQUENCE OF LAME IN			
couse (o , stoting underlying couse	the DUETO O	r as a consequence of			

Maria

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

Burroughs, Sr

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

MIDDLE

Scott

YEAR 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)

211 LOCATION

22e ADDRESS

ATTENDING X

CITY OR TOWN

MEDICAL

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO

STAFF

DIRECTOR PHYSICIAN

Louise

COUNTY

206. IF YES, WERE FINDINGS USED

YES []

IN CERTIFYING CAUSES OF DEATH?

NOF

STATE

22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on (corr) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Shankar Rath M.D.

NOT WHILE

Charles

Cen. Waldorf. Md.

7-26-82

23¢ NAME OF CEMETERY OR CREMATORY Burial Brysntown, Charles, Md. 7-28-82 St. Mary's Cem.

24 FUNERAL DIRECTOR

21d INJURY OCCURRED

Funeral Home, Waldorf, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

Tours Sent to State on State of State o lain Jamesten Pers. 17, 1982 79 abmon unofe Teanion3 - de xo8 1 .3 de vitu faanus office de conde reland Charles Huchsayllis x | Singer write Mt. Box 44 Lugare Loct burroughs, by Bired ... Louise blandlerd 218-30-3049 Mary Lou Daugh Chaption, Naryland That trotted were rearrance of the death readers auriel 7-28-82 - 3t. Mary's Cem. arwentown, Charlen, Md.

Selfills Hit Pentyrent Danie, Valdori, Terryland 18th allfills

FOR STATE

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DEPARTM	LENT O	F HE	AL	H	AND	ME

NTAL HYGIENE 8 CERTIFICATE OF DEATH

	1 DECEASED NAME FIRST WALTER	Caddell Caddell	BYRD	Jr.	JULY 6		YEAR	2b HOUR 5:0	P
ı	3. 5EX	4 RACE,	5 DATE OF BIRTH	1	6 AGE (IN YEARS LAST BIRT		OER I VEAR	IF UNDER 2	
П	MALE	Cau.	March	17,1915	67	YRS	HS DAYS	HOURS	MIN.
Н	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY O		DEATH		
2	West Virginia	U.S.A.	WIDOWED	DIVORCED [Cha rl	es			MD.
2	La Plata	Physicians M	emorial	Hospital	OTTO THE PROPERTY OF THE PROPE	F WORKING LIFE) !	VALUSTRY U.S.		
	Maryland Licha:	VIY TIR CITY OF TO	Head YES	NO 🗆	13e STREET ADDRESS 82 Matti	ngly A	venu	e	
h	14 FATHER'S NAME	MIDDLE LAST		OTHER'S MAIDEN NAM	ME		LAS		
2	Walter	C. Byrd,		Elizab			nean		
	166 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SE 230-16		uby Byrd	same as				
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	The course per line for (a), (b), (b) BY: DECAUSE (b) MY 6 C6/1 DUE TO, OR AS A CONSECT (c) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO	DUENCE OF	A A C 710		DITION GIVEN I	N PARI 1		
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC			200 AUTOPSY?	206 IF YES, WE	RE FINDIN	IGS USED OF DEATH	H?
	OR CONTREBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27a I certify that (I) (Hambour obove, (I) (was add) (did no 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE C	P.M. 21e PLACE OF INJURY INT MOME STREET, FACTORY, OFFICE Well attended the deceased from 19 11 view the body after death. Heart Dur	DAY YEAR 19 E FARM ETC) 211 LC 12-7 12-7 12-7 12-7 21-2	19_72 in (my) (aux) opinion of ATTENDING PHYSICIAN D DDRESS 9 401	city or to	wn 19	COUNTY	that (I) (= couses stat	ATE w) lost ted
	230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETER		23d LOCATION CITY OF TOWN	co	UNIY	517	ATE

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is morked ar Item 18 shows ony

Huntt Funeral Home, Waldorf, Maryland

Trinity Mem.Gardens Waldorf, Charles, Md. 250 DVF RECID. BY REGISTRAR 25 GISTR RESIDENCE OF 1982

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Effie Cain Mendora July 19. 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH VEAR Female Oct. 11. 1894 Caucasian To. BIRTHPLACE ISTATE ON FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Charles WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 54 Highland Place Indian Head Housewife Own Home 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 54 Highland Place Indian Head Charles Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Washington Scrimoer Clementine Bulgar 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 8 ADTRiving Place 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) +213-46-7829 Elsie Altieri. Potomac Heighta, Md. 18 CAUSE OF DEATH (Enter only one couse per line for to PART I. DEATH WAS CAUSED BY-Conditions, if ony, which gove rise to immediate cause to , stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost HONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES T NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 220 1 certify the this haspital attended the deceased from. aum 2 19 820 , and that in (my) (our) opinion death occurred on the ate and hour and from the causes stated

sow the deceased alive as above (1) we) (did (did no) view the bay after death 276 SIGNATURE DEGREE

22d PHYSICIAN'S NAME (TYPE OF PRINT) Henry L. Burke M.D.

22e ADDRESS 201 Howard Street

La Plata. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

ATTENDING

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 7-21-82

Andrews Chapel Meth. Montross, Westmoreland,

27c. DATE SIGNED

July 19, 82

24 FUNERAL DIRECTOR

Huntt Funeral Home, Waldorf, Maryland

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

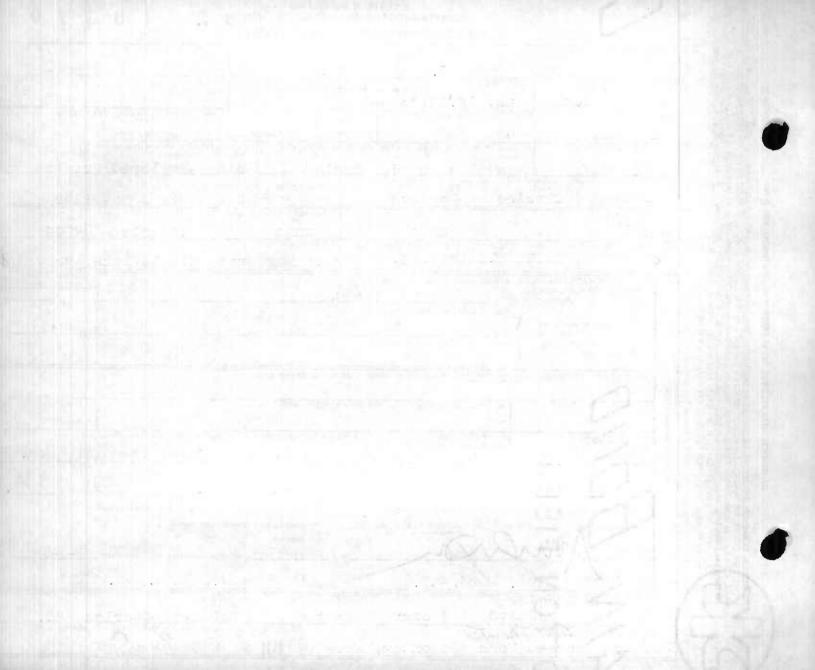
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j	M.	aryland		USA			WIDOW	ED 🗆	DIVORCE	ED 🗆	Charl	es Co	ounty	175		MD.
	ID. CI	TY OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NU	RSING HOME	OR OTHE	RINSTITU	TION	12a USU	OCCUPA	TION (TYPE	E OF WORK	12b KIN	ND OF BUI	SINESS
d		La Pla	ata	Physici			Host	oital		Self		mplo	oved			
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P	M	aryland	l Chai	rles	LaP	lata		YES 🗌			Rou		Bo:	x 1.	30B	
-	14. F/	THER'S NAME		MIDDLE		LACT		15. MOTHE	ER'S MAIDE		MID	-			LAST	
1	Dai	niel		MODIE	Co	le	Title.	Anr	MI DI		11110	oren	ice		ross	
	16a. V	VAS DECEASED E	VER IN U.S. ARMI			CIAL SECURITY		17. INFORM	MANT			ADDRESS	5			
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			DE ATH (Enter only		e for (a), (b), ond (c).)									PPROXIMATE WEEN ONSET	
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	7	812	2			ISEQUENCE C	-									
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		lying couse	lost.	(e)												
		PART 2 DINER SIGNI	FICANT CONDITIONS CO	INTRIRUTING TO DEATH	RUT NOT REL	ATED TO THE TERMI	NAL DISEASE	DR CONDITION	N GIVEN IN PAR	RT 1 (a)						
	CERTIFICATION															
	3	190 DATE OF O	PERATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 A	AUTOPSY?	
															YES 💢	NO 🗌
2		210. EXTERNAL		216. TIME O		DAY YEAR		W INJURY	OCCURRE	D (ENTER NA	ATURE OF INJUI	RY IN ITEM TB	PART 1 OR PA	ART 2)		
)	MEDICAL		OR CAUSE OF DE	EATH ? P.	w. 7-	4- 1982	Ope		in mo	o-ped	/pick	-up t	truck	. col	lisi	on.
	AED	21d. INJURY OC	CURRED		OF INJURY		21f LOC	REET			CITY OR TOWI	N	cc	YINUC		STATE
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1		and the same of	that I took charge	of the remains de	escribed abo	ove, held on	Autops	y X.	Inspection		Inquiry [, on	nd in my o	pinion		
-		death resulted		l couses	Accident		cide .	Homic			mined mon		, -			
3			1	0-	>				SPECIFY)							
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0	-	TYPE OR PRINT		M. Dixo	n, M.I	D.		ADDRESS 1	11 Per	nn St	., Ba	lto.,	, Md.	212	201	FILL
-	23a. B	URIAL, CREMATIC	ON, REMOVAL 238	b. DATE	23c.	NAME OF CEA				23d. LOC	ATION		COL	YINL	C.7	ATE
	Bur	rial	J	July8,	182 5	Sacred	Hea	rt		La	Plat	a C	harl	Les	Md	
	24 F	UNERAL DIRECTO	OR Leon:	Thornton	4				25a. DATER				ISTRAR'S			
1	The	rnton	Funeral	Home	Pomo	onkey,	Md.		+4111	8	1082	Man	wy	in !	A) C	
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> jury, or other troumotic ior to buriol, cremotion,

CERTIFICA

MEDICAL

should be detoched for use os the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation

IMPORTANT: If them 21 is marked or them 18 shows

certificate has been

ar offending physicion.

OR ATTENDING PHYSICIAN:

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR	Zai Aiiii	CERTIFICATE OF DEATH	REG. NO.					
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR				
Bett	V	Dent	July 26, 198	2 7:36PM				
1. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS				
female	black	July 20, 1942	40 YRS.	ONTHS DAYS HOURS MIN.				
TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	NTY OF DEATH				
Maryland	USA,	MARRIED NEVER MARRIED X	Charles	MD				
10. CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR				
La Plata	(IF NOT IN SUCH FACILITY, GIVE STREET Physicians Me	emorial Hospita	1 Housewife	Private				
	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS					
11.00	arles Bryans		P.O. Box 206E	3				
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N						
William	Dent	Mary	N. Bland	LAST				
160 WAS DECEASED EVER IN U.S		JRITY NO. 17. INFORMANT	ADDRESS					
(YES, NO OR UNKNOWN) (IF YE	s, give war or dates) unknown	Thelma Mo	ntgomery Nanjem	nov, Md.				
	er only one couse per line for (a), (b), on	rd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CA	DIATE CAUSE (6) CARD	AC ARREST		45 minut				
1.5353	DUE TO OR AS A CONSEQUE	ENCE OF ATITS WIRE	TIUTIS					
Conditions, if ony, which	PANC	REATITS with.	Electrolyte Imbal	Le 1 WEEK				
gave rise to immediate	e							
underlying couse lost	CO CHASACONSEGU	ENCE OF CHRONIC	ALCOHOLISM	YEARS				
	NT CONDITIONS CONTRIBUTING TO			N IN PART 1(a)				
NO DATE OF OPERATION								
4 190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED				

90 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH

21e. PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

DAY YEAR 19

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

22a.1 certify that (1) this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and haur and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

21f. LOCATION

22b. SIGNATURE

Thornton Funeral Home

DEGREE

ATTENDING PHYSICIAN MEDICAL

DIRECTOR | PHYSICIAN

CITY OR TOWN

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

236 DATE NAME OF CEMETERY OR CREMATORY 31-8 Macedonia Bapt

23d LOCATION CITY OR TOWN

24 FUNERAL DIRECTOR

Pomonkey,

Bryans

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

are an experienced from the first to the first of the fir the late of the second of the Q. ASSESSED A DE

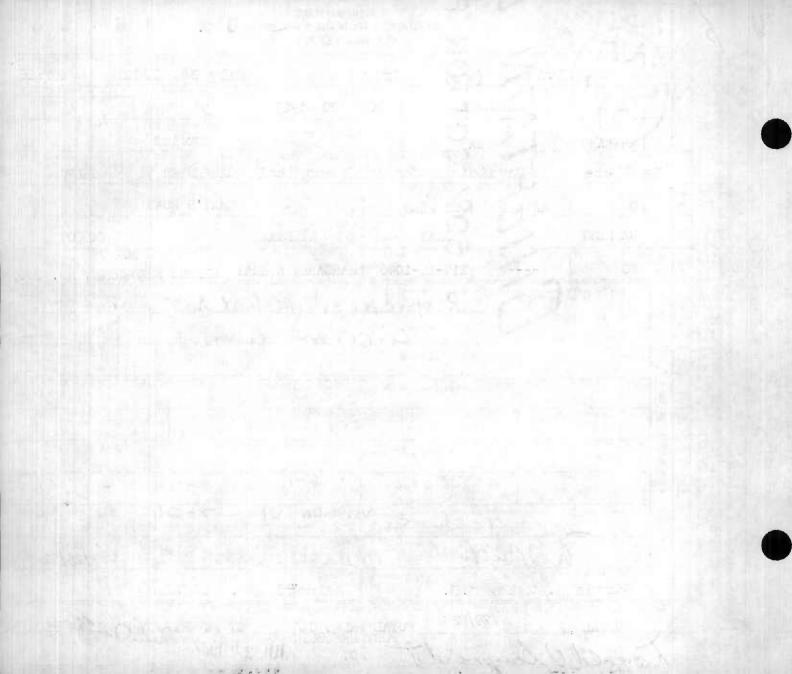
ment of the same server

	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.			5 . 7.0
		FIRST		KATE					H DAY	YEAR 82	26 HOUR 2:17A _M
3. SE:			4. RACE		5. DATE C				MON		IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR F	FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE C	ITY OR CO	UNTY OF	DEATH	MD
	ITY OR TOWN OF DEA		11. NAME OF	CH FACILITY, GIVE STREE	NG HOME (OR OTHER INSTITUTION	TYPE OF WORK FOR	MOST OF WOR		INDUSTRY	F BUSINESS OR
USU. 130. S	AL RESIDENCE (IF NURS	N3h COUN	OTHER INSTITUTION	, GIVE RESIDENCE BEFO	RE ADMISSION)					0.01	_ II Onte
	Joseph			Ray		FIRST	MI				
							7-	19	St.		l's Chun
NO	gove rise to imm couse (a), statin underlying couse	mediate ng the lost.	(c)_							IN PART 10	01
TIFICATI	19a. DATE OF OPERA	TION	19h COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		IN	CERTIFYIN	G CAUSES	NGS USED OF DEATH?
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d, INJURY OCCURI	CAUSE OF DEA CAL EXAMINER RED	HOUR A P	.M. MONTH [.M. OF INJURY	19	216. HOW INJURY OCCU			EM IS PART	OR PART 2) :	STATE
	220.1 certify that (1) saw the decease above, (1) (we) (s	(this hospi	_7-	3- 19		nd that in (my) (our) opinio		- (/	— , 19. nd hour ar	nd from the	
	l	SI	ath			M.D. ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF		7-5	-82
	Girija	S,	Rath			Wald	dorf, Ma	rylan		ı cei	rter
	Burial	REMOVAL				k Cemetery	Seve	n Fou	ntai.	ns-Sh	STATE Ka
24 F	INERAL DIRECTOR	Her	ihmen	Woods	tock,	Virginia 150.D	UL 1 2 198	32 2	CHISTRA	F36IGN9	Min Cho.
	1. DEPLOY TO THE PROPERTY OF T	REGISTRAR 1. DECEASED NAME (TYPE OF PRINT) 3. SEX Female 10. BIRTHPLACE (STATE OR I COUNTRY) 10. CITY OR TOWN OF DEA LaPlata, Mc USUAL RESIDENCE (IF NURS 130. STATE Virginia 14 FATHER'S NAME FIRST JOSEPh 16a WAS DECEASED EVER (YES, NO OR UNKNOWN) 18 CAUSE OF DEAT PART 1. DEATH W 43 60 Conditions, if ony, gove rise to imm couse (o), statif underlying couse PART 2. OTHER SIGN PART 2. OTHER SIGN 19a. DATE OF OPERA 21d. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI 22d. PHYSICIAN'S N. GITIJA 23a. BURIAL, CREMATION, (SPECIFY) BURIAL CREMATION, (SPECIFY) BURIAL CREMATION NAME 24 FUNERAL DIRECTOR NAME	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 14. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. C. 10. CITY OR TOWN OF DEATH LaPlata, Md. USUAL RESIDENCE (IF NURSING HONE OR 130. STATE Virginia Fred 15. STATE Virginia Fred 16. WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE OF DEATH (ENTER OR UNKNOWN) 18. CAUSE OF DEATH (Enter on PART 2. OTHER SIGNIFICANT COUNTRIBUTING COUSE (O), stating the underlying c	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 7a, BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. C. 10. CITY OR TOWN OF DEATH LaPlata, Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13s. STATE Virginia Frather's NAME FIRST JOSEPH 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) 17 FATHER'S NAME FIRST JOSEPH 18 CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY: 19 DUE TO, CO. Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTING COUSE (o). PART 2. OTHER SIGNIFICANT CONDITIONS COUNTRIBUTIONS C	REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) SALLY KATE 3. SEX Female Cau. 76, BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. C. 18. CITY OR TOWN OF DEATH LaPlata, Md. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORM 136, STATE Virginia IN FATHER'S NAME FIRST JOSEPH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) o PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE DBY. IMMEDIATE CAUSE DBY. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COUNTRY IN CRONTRIBUTING TO CRONTRIBUTING TO CRONTRIBUTING TO CRONTRIBUTING TO CONTRIBUTING TO CRONTRIBUTING TO CRONTRIBUTION TO CRONTRIBUTION TO CRONTRIBUTION TO CRONTRIBUTION TO CRONTRIBUTION	REGISTRAR 1. DECEASED NAME FIRST MODILE (TYPE OF PRINT) 2. SEX Female 7a, BIRTHPLACE (STATE OF FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOWS 10. CITY OR TOWN OF DEATH LaPlata, Md. 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BOOK ADMISSION JUST AT STATE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BOOK ADMISSION) 13a, STATE 13b, COUNTY Virginia Frederick Gore 14 FATHER'S NAME JOSEPh 15c CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.)) PART 1. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse lo), stating the underlying couse lost. Conditions, if ony, which gove rise to immediate couse lo), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19a. DATE OF OPERATION 19b. CONTRIBUTING TO DEATH BUT 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO 21a. ACCIDENT WAS UNDERLYING 21a. ACCIDENT WAS UNDERLYING AUROR AUROR AUROR 21b. TIME OF INJURY (AI HOME, SIREEL FACTORY, OFFICE, FARM, ETC.) 21c. CITY OR TOWN 19c. CONTRIBUTING TO DEATH BUT 21d. INJURY OCCURRED AUROR AUROR AUROR AUROR AUROR AUROR 21c. LITER OF WHAT COUNTRY? (AI HOME, SIREEL FACTORY, OFFICE, FARM, ETC.) 21c. CITY OR TOWN 19c. CONTRIBUTING TO DEATH BUT 21d. INJURY OCCURRED AUROR AUROR AUROR AUROR 21d. HOUR AM. MONTH DAY YEAR P.M. 19c. CITY OR TOWN 19c. COUNTRY (AI HOME, SIREEL FACTORY, OFFICE, FARM, ETC.) 21c. CITY OR TOWN AUROR 21c. CITY OR TOWN 19c. COUNTRY (AI HOME, SIREEL FACTORY, OFFICE, FARM, ETC.) 21c. CITY OR TOWN AUROR 21c. CITY OR TOWN 19c. COUNTRY (AI HOME, SIREEL FACTORY, OFFICE, FARM, ETC.) 21d. NAME 21d. PHYSICIAN'S NAME (TYPE OR PRINT) GIT 13 S, Rath 21d. PHYSICIAN'S NAME (TYPE OR PRINT) GIT 13 S, Rath 21d. PHYSICIAN'S NAME (TYPE OR PRINT) COUNTRY AUROR AUROR	REGISTRAR DECRASED NAME (TYPE OF PRIMIT) 1. SEX Female Cau. 1. SEX IN ARRIED NAPPIED NAPPI	REGISTRAR RECISTRAR RATE S. DATE OF DRATH RATE RATE	REGISTRAR IDECEASED NAME SALLY KATE FITCHETT 1. DATE OF DEATH SALLY KATE FITCHETT 1. DATE OF DEATH SALLY FOR DAY 1. DATE OF DEATH SALLY SOLUTION SALLY KATE FITCHETT 1. DATE OF DEATH SALLY SOLUTION SALLY SOLUTION SALLY SOLUTION SALLY SA	REGISTRAN SALLY KATE FITCHETT 16. DATE OF DEATH SOUND 17. SEX 18. BATE OF BRITH ARRIED DAY 18. BATE OF BRITH 18. BATE OF BRIT	REGISTANE IDECEASED NAME IDECEASED NAME SALLY KATE FITCHETT A DATE OF DEATH A DATE O

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

		CEASED NAME	FIRST		MIDDLE	LA	51		2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
		C	alvir		NMN)	Gray			July	24, 19	82	10:2
	3. SE	MALE		CAUCAS	SIAN	5. DATE OF		1923	6. AGE (IN YEARS		MONTHS GA	
3	la B	RTHPLACE (STATE OF COUNTRY) MARYLAND	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	MEVER A	AARRIED D	9 BALTIMORE Ch			
Seed of the seed o	1	TY OR TOWN OF DE a Plata	ATH	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Cians Me	IG HOME OF	OTHER INST	ITUTION	12ª USUAL OCC		G LIFE) 128. KINI	O OF BUSINESS O
and be	13a.	AL RESIDENCE (IF NUR STATE MD	, I COUN	OTHER INSTITUTION OF VERT	GIVE RESIDENCE BEFORE 131 CITY OR TOW PR FRED	'N	13d. INSIDE CI	NO (1)	13e STREET APT	S ROAD		
)	14. F/	HAMNETT		WIDDLE	GRÄY			MAIDEN NA		DDIE	TAI	BOT
medico		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	218-16-1		NARGAR	NT ET L G		ADDRESS	BOX 78	
or other troumotic event, the		18 CAUSE OF DEAT PART I. DEATH VICE PART I. DEATH V	WAS CAUSE IMMEDIAT www.which imediate ing the	D BY: TE CAUSE (o) DUE TO, O	OR AS A CONSEQUE	MOLU FENCE OF CLYC	iniv	Hail	lure	NCE FRE	EDERICK APPI BETWE	MD . 200
other troumotic e	ICATION	Conditions, if ony gove rise to im couse IoI, stati underlying coust	IMMEDIAT /, which mediate ng the e lost	DBY- TE CAUSE (6) DUE TO, C (b) DUE TO. C (c) CONDITIONS C	or line for 101, (b), one	ENCE OF	L NAV	Jail ne d	lure	R CONDITION (APPI BETWE	OXIMATE INTERVAL PA ONSET AND DEATH
shows ony injury, or other troumotic e	ERTIFICATION	Conditions, if ony gove rise to im couse 101, stoti underlying coust PART 2 OTHER SIG	IMMEDIAT	D BY- TE CAUSE (o) DUE TO, O (b) DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUE ONTRIBUTING TO E	ENCE OF	NOT RELATED	Har I TO THE TERM RMED	INAL DISEASE OF	R CONDITION () 20b. IF IN CER	GIVEN IN PART YES, WERE FIN YIFYING CAUS	OXIMATE INTERVAL PRO ONSET AND DEATH DINGS USED SES OF DEATH? NO
Item 18 shows ony injury, or other troumotic e	ICAL CERTIFICATION	Conditions, if ony gove rise to im couse ioi, stoti underlying cous. PART 2 OTHER SIG 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MAD	IMMEDIAT IMMEDI	DBY- TE CAUSE (o) DUE TO, O (b) DUE TO. O (c) TONDITIONS C 198 COND THE COND T	OR AS A CONSEQUE ONTRIBUTING TO D	ENCE OF CRACE OF CRACE OF CRACE OF	NOT RELATED WAS PERFOI	Hail TO THE TERM RMED JURY OCCURR	Lure Lurgs INAL DISEASE OF	R CONDITION () 20b. IF IN CER	GIVEN IN PART YES, WERE FIN YIFYING CAUS	OXIMATE INTERVAL PRO ONSET AND DEATH DINGS USED SES OF DEATH? NO
nows ony injury, or other troumotic e	MEDICAL CERTIFICATION	Conditions, if ony gove rise to im couse iol, stati underlying caus. PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR.	IMMEDIAT IMMEDI	D BY- TE CAUSE (o) DUE TO, O (b) DUE TO, O (c) 19b COND 19b COND 21b TIME C HOUR A) P 21e PLACE	OR AS A CONSEQUE ONTRIBUTING TO D	ENCE OF DEATH BUT N OPERATION AY YEAR 19	NOT RELATED	Hail TO THE TERM RMED JURY OCCURR	INAL DISEASE OF	R CONDITION () 20b. IF IN CER	GIVEN IN PART YES, WERE FIN YIFYING CAUS	OXIMATE INTERVAL PRO ONSET AND DEATH DINGS USED SES OF DEATH? NO
Item 18 shows ony injury, or other troumotice		Conditions, if ony gove rise to im couse ioi, stoti underlying cous. PART 2. OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTIFY MED 21d. IN JURY OCCUR WHILE NOTIFY MED 21d. IN JURY OCCUR WHILE NOTIFY MED 21d. Sow the decess	IMMEDIAT IMMEDI	DBY- TE CAUSE (o) DUE TO, O (b) DUE TO. O (c) TONDITIONS C 198 COND 198 COND 218 TIME C HOUR A P. 218 PLACE (AT HOME, ST	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E	ENCE OF CENCE OF DEATH BUT N OPERATION AY YEAR 19 ARM EIC I	NOT RELATED WAS PERFOI 21c HOW IN.	HE A TO THE TERM RMED JURY OCCURR ON	INAL DISEASE OF	? ZOD IF IN CER OF INJURY IN ITEM	GIVEN IN PART YES, WERE FIN TTIFYING CAUS YES COUNTY 19 COUNTY	DINGS USED SES OF DEATH? NO
If them 21 is marked or them 18 shows ony injury, or other troumotic e		Conditions, if ony gove rise to im couse iol, stoti underlying caus. PART 2 OTHER SIG 19a. DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETHER NOTIFY MED 21d. IN JURY OCCUR WHILE NOTIFY MED 22a.1 certify that (1	IMMEDIAT IMMEDI	DBY- TE CAUSE (o) DUE TO, O (b) DUE TO. O (c) TONDITIONS C 198 COND 198 COND 218 TIME C HOUR A P. 218 PLACE (AT HOME, ST	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E	DEATH BUT N OPERATION AY YEAR 19 ARM EIC	NOT RELATED WAS PERFOI 216 HOW IN. 216 LOCATION STREET I that in (my) (TO THE TERM TO THE TERM RMED JURY OCCURR ON (****) Opinion of	INAL DISEASE OF	? 20b IF IN CER OF INJURY IN ITEM IY OR TOWN 14 Odd ond It	GIVEN IN PART YES, WERE FIN YES, WERE FIN YES IN THE FINAN YES IN THE FINAN COUNTY 19 22. DA	DINGS USED STATE NO STATE , that (1) (wg) lo he couses stated JE SIGNED
ento Hygiene prior to burio!, cremotion, or re Item 18 shows ony injury, or other troumotic e		PART I. DEATH V Conditions, if ony gove rise to im couse (0), stoti underlying causi PART 2. OTHER SIG 19e. DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK 22a. Certify that (1) sow the decess obove, (1) (1)	IMMEDIAT IMMEDI	DBY- TE CAUSE (o) DUE TO, O (b) DUE TO. O (c) TONDITIONS C TONDITI	OR AS A CONSEQUE ON AS A CONSEQUE ONTRIBUTING TO D ONTRIB	DEATH BUT N OPERATION AY YEAR 19 ARM EIC	NOT RELATED WAS PERFOI 211 LOCATIO SIREET 1 that in (my) EGREE D. Ap 72e ADDRESS	TO THE TERM TO THE TERM RMED JURY OCCURR ON TIENDING HYSICIAN THYSICIAN	INAL DISEASE OF	? 20b IF IN CER OF INJURY IN ITEM IY OR TOWN 14 Odd ond It	GIVEN IN PART YES, WERE FIN YES, WERE FIN YES IN THE FINAN YES IN THE FINAN COUNTY 19 22. DA	DINGS USED SES OF DEATH? NO

C.K.



7 8	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2	18404
	1. DECEASED NAME FIRS	I MIDDLE	LÁST	28. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
900		KLIN Thomas	GROVE	JULY 3, 1	982 1:05P _M
fer	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
0	MALE	WHITE	June 14.1911	71	YRS MONTHS DATS HOURS MIN.
BE	70. BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED		LES MD.
3 -	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR INDUSTRY
600C	LA PLATA	PHYSICIANS M	EMORIAL HOSPITA		
and be	13a. STATE 13b. (ME OR OTHER INSTITUTION GIVE RESIDENCE BE COUNTY 13c CITY OR THE COBD		13e STREET ADDRESS South Audr	5
Z st	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	IAME	
D8 80	Cleveland	Grov		UNKNOWN	LAST
dical	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
. Pages medica	Yes		-5799-A Bernadi	ne Grove sa	me as #13
aval.	18 CAUSE OF DEATH (Eng. PART I. DEATH WAS C.	er only one cause per line for (a), (b),	ond (c		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rem	- 1 DO IMMI	DIATE CAUSE (0)	overpratory avvi	TOT .	
an, ar i	5/88	DUE TO, OR AS A CONSE	DUENCE OF	2.500	
mov trou	Conditions, if ony, which	e	of June shoulde	ng Differst	
cren cren	underlying cause las		DUENCE OF	V	
uriol,	PART 2 OTHER SIGNIFIC	NIT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO THE TER	PARIS DISCOS OF CONDITION	
Then to b	Z O O O O O O O O O O O O O O O O O O O	IN CONDITIONS CONTRIBUTING I	O DEATH BOT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART TO
ony ony	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
of-transit per tol Hygiene m 18 shows				YES NO NO	CERTIFYING CAUSES OF DEATH? YES NO NO
Mentol Hyg or Item 18 sh	00.000000000000000000000000000000000000		DAY YEAR 216 HOW INJURY OCCU	PRRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I OR PART 2)
Item 1	(IF EITHER NOTIFY MEDICAL EXA	MINER) P.M.	19		
and M	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
rh ar arke	MHILE NOT WHILE				
Leol Leol		nospital) attended the deceased from			, 19 <u>\$</u> , that (I) (we) last
21	saw the deceased aliv	e on	, and that in (my) (our) opinio	n death occurred on the date a	nd hour and from the couses stated
Chec Dept Ifen	276 SIGNATURE		DEGREE		22c. DATE SIGNED
ate C	WON	2tt	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	□ 7-4-82
TAN STAN	224 PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS		
should be deta with the State I	GIRIJA	A RATH, M.D.	WALDOR	F, MARYLAND	20601
3 ≤	230. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	Burial	7-6-82 F	t.Lincoln Cem.	Brentwood	P.G. Md.
50M 1/81	24 FUNERAL DIRECTOR	ADDRE5	250 D.	ATE REC'D. BY REGISTRAR 256. R	REGISTRAR'S SIGNATURE
15, 4)	Arehart Fund	eral Home La	Plata Md.	100 2	Landlescon

Introduction of the Personal Control of the Personal C

Ma. Charles Coob Taland . South South Audiev Real . End an aroun ayers anihannas greekta-pi-872/ flaw. nev

Compart Congress Comparts Flats, Mil.

Ruffiel 7-6-12 Rt.Lincoln wem. Brentwood R.c., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST MIDDLE 2a. DATE OF DEATH 26 HOUR TYPE OR PRINTS Ida Hancock July 16,1982 1:20 M 5EX 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH Female Caucasian October 9 1898 83 TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Kentucky U.S.A. WIDOWED Charles DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH IZE KIND OF BUSINESS OR INDUSTRY 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) La Plata Physicians Memorial Hospita Government USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Laisung World Blud. Maruland Silver Spring 3311 9 Montagmenu 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE ours Hueper Annie Juenesse 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Daughter 166 SOCIAL SECURITY NO Rte. 490 A-1 (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 578-32-8237 No Virginia H. Homan LaPlate. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE FALUR! DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC) STREET STATE

NOT WHILE

saw the deceased alive an_

22d. PHISICIAN'S NAME (TYPE OF PRINT)

220.1 certify that (1) (this hospital) attended the deceased from,

July 17,1982 George Washington

. 19. 82. and that in (m) (aur) opinion death accurred on the date and haur and from the causes stated

Maryland

MEDICAL ATTENDING STAFF PHYSICIAN P DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

22b. SIGNATURE

Cremation

Nallan Ramakrishna. M 23a. BURIAL, CREMATION, REMOVAL

above, (1) (we) (did) (did not) view the bady after death

Waldorf 231. NAME OF CEMETERY OR CREMATORY

DEGREE

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Pr. Geo.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins 500 University Blvd., W. Silver Spring, Md.

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J	- ST RE	GISTRAR	M	EDICAL EXAM	AINER'S	CERTIFICATE O	F DEATH REG	NO.	3 0	4
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20	Wa	sh. D.C	U.S	. A	WIDOW			County	,	٨
10	. CITY	OR TOWN OF DEATH	1 11. NAME OF H	OSPITAL, NURSING H	IOME, OR OTH	IER INSTITUTION	12a USUAL OCCUPATION	(TYPE OF WORK	26 KIND OF I	BUSINESS
0	La	Plata	,	clans Memo		spital	FOR MOST OF WORKING LIFE) P.O.Mail	Clerk		
10	SUAL!	RESIDENCE (IF IN NURSI	NG HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE AD	MISSION)			020211		
N	lar	yland 13	Charles	Issue	VN	13d. INSIDE CITY LIMITS? YES X NO	Issue Md	,20645	Ś	
14	FATI	HER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDE	WIDDLE		LAST	
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16	O. WA	S DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	166. SOCIAL SEC		17. INFORMANT	ADDR			
	N	NO, OR UNKNOWN)		577-60	-6266	Eulie I.	. Jackson	S/A		
	1	CAUSE OF DEATH	(Enter only one couse per li	ne for (a), (b), and (c)	.)	14	•		APPROXIMATE APPROXIMATE	ATE INTERVAL
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L	- 1	lying coose lost.	(c)							
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10	MEDICAL CERTIFICATION								YES 🗆	NO M
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	2	14. INJURY OCCURRED		E OF INJURY (AT HO)		CATION				
	ME	WHILE - NOT W	HILE STREET, F	ACTORY, FARM, ETC.]		STREE1	CITY OR TOWN	COUN	YTY	STATE
	1	AT WORK AT WO	RK L							
		22a I certify that I to	ook charge of the remains o	above, held	on Autop	sy . Inspection	n , Inquiry X.	and in my opin	nion	
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	Ä	CTUAL	Vixil	K I M	X	TITLE (SPECIFY)		DATE	7 /00	100
-	5	IGNATURE	woman	1022774	1 "	Dueputy Ch	10 MEDICAL EXAMINER	SIGNED	7/25	1/82
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STATE OF MARYLAND

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AT WORK AT WORK WATER POTOMAC RIVER, Morgantown, Charles Co., Mid. 270. Leertify that I took charge of the remains described above, held on death resulted from Notural 200ses . Accident XX. Inspection . Inquiry . Ond in my opinion death resulted from Notural 200ses . Accident XX. Suicide . Homicide . Undetermined monner . TITLE (SPECIFY) ACTUAL SIGNATURE . DATE . SIGNED . TO ASSISTANT MEDICAL EXAMINER . SIGNED . TO ASSISTANT MEDICAL EXAMINER . SIGNED . TO ASSISTANT . STATE . STAT		z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OFATH	OUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PA	ART 1 (a):		
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STATE OF MARYLAND

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1	FOR - STATE		DEPARTA	MENT OF HEALT	MARYLAND IH AND MENTAL HYO TE OF DEATH	GIENE 8 2 1 8	3 4 0 8
	REGISTRAR ECE ASED NAME PE OR PRINT)	Joaeph Joaeph	N/M/N	Kno	bal	REG. NO. 20 DATE OF DEATH MONTH DAY JULY 3	1982-5 5 PM
3. SE	Male	4. RACE		S DATE OF BIR	19,1899		UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
7a. B	BIRTHPLACE (STATE OR F COUNTRY) Switzerla	oreign 76 CITIZEN C	erland V	MARRIED X	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY O	F DEATH MD
A	ITY OR TOWN OF DEA		F HOSPITAL, NURSIN			12a USUAL OCCUPATION (Type of work for most of working life)	126. KIND OF BUSINESS OR
L 130		ng home or other institution 13b. COUNTY Charles	IN GIVE RESIDENCE BEFORE 13c. CITY OR TOW Waldort	N 13d	INSIDE CITY LIMITS?	13e STREET ADDRESS Box 173 Aquaa	co Road
	ATHER'S NAME FIRST Joseph	MIDDLE	Knobel	15 ^	NOTHER'S MAIDEN NA	1110 D14	nger
		N U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)			nformant patha Kno	bel same sa 13	
	18 CAUSE OF DEATH PART I. DEATH W	(Enter only one cause p AS CAUSED BY: IMMEDIATE CAUSE (a)_	21	grt 5	Fillre	conjulters is a	BETWEEN ONSET AND DEATH
TR.	4140 Conditions, if any,	DUE TO, which (b)	OR AS A CONSEQUE	NCE OF	erotic	Henry Disease	Yens
	gave rise to imm cause (a), stating underlying cause		OR AS A CONSEQUE	11	250515 -	aenembre	Yens
NO	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERM	MAL DISEASE OR CONDITION GIVEN	IN PART 11a
CERTIFICATION	19a. DATE OF OPERAT	ION 196 CON	DITION FOR WHICH	OPERATION WA	AS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
100	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	HOW INJURY OCCUR	T OR PART 2)	
MEDICAL	21d INJURY OCCURR	ED 21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, F		LOCATION	CITY OR TOWN	COUNTY STATE
	saw the decease	(this hospital) attended alive an North	123 19	01-1	8 , 19 76 of in (my) (our) apinion	death occurred on the date and hour a	that (I) (we) lost and from the couses stated
1	22b. SIGNATURE	DOT	a Odsis	>n10	ATTENDING	MEDICAL STAFF	7/3/82
	Thomas	ME (TYPE OR PRINT) L. Fields	on M.D.		address randywine		513
230 B	BURIAL, CREMATION, (SPECIFY)	23b. DATE 7-7-			's Cem.	Bryantown, Ch	varles, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME
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Funeral Home, Waldorf, Maryland

Joseph N/M/N Angbel Mala Can. March 19, 1849 x and the value of the transfer of the contract that ENLINE! delderf Box 173 Aquasco Hage Farmer : cult Reryland Sharles Weldorf x Box 175 Acuenco Rond Joseph A. Hrobel Srigitte Singer Kone Hoethe Knobel seme as 13 March 1997 Committee of the Committee of Thomas L. Filedeen, M.D. C. Grandywins, Her land 20613 Suries 7-7-82 (St. Mary's Sem. Brysninum, Unnales, Mo. huntt Euneral Home, Walderf, Maryland - W. C. Brand

The Huntt Funeral Home, Waldorf, Md.

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Funeral Home, Waldorf, Maryland

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/B0

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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20. DATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN LTYPE OR PRINTI William Puffenbarger 15 Bruce DEATH MATED X 4 RACE VI6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 82 12:07 4,195 DEAD Male White O BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Charles County U.S.A. DIVORCED TO Maryland WIDOWED | D CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Physiciams Memorial Hospital La Plata High Voltage Elec. U.S.Gov. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 113c CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Charles a Plata YES . St. Rt. #2 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST William Robert Puffenbarger Wright Betty Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 217-60-9328 Wm. R. Puffenbarger IndianHead, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DUE TO. OR AS A CONSEQUENCE OF cause (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CATE, WRITING, CATE, WRITING, CAMARDED TO IT., TOR: PAGE 3 SHOULD BE US., LE STATE DEPARTMENT OF HEAD OF THE STATE DEPARTMENT OF HEAD OF THE STATE DEPARTMENT OF THE STATE DEP 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING operating boat 7/15 19 82 CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET, FACTORY, FARM, ETC.) Potomac River off Liverpool Point, ChasCo, MD AT WORK AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 river 22a I certify that I took charge of the remains described above, held an Inspection death resulted fram: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/18/82 SIGNATURE 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME Guard M.D (TYPE OR PRINT) Hormez R 23d. LOCATION 7-21-82 Nanjemoy Baptist Cem Burial BP Nanjem 24 FUNERAL DIRECTOR **DHMH - 17** Arehart Funeral Home (VR A15 ME (5)) La Plata.Md 20M 4/82

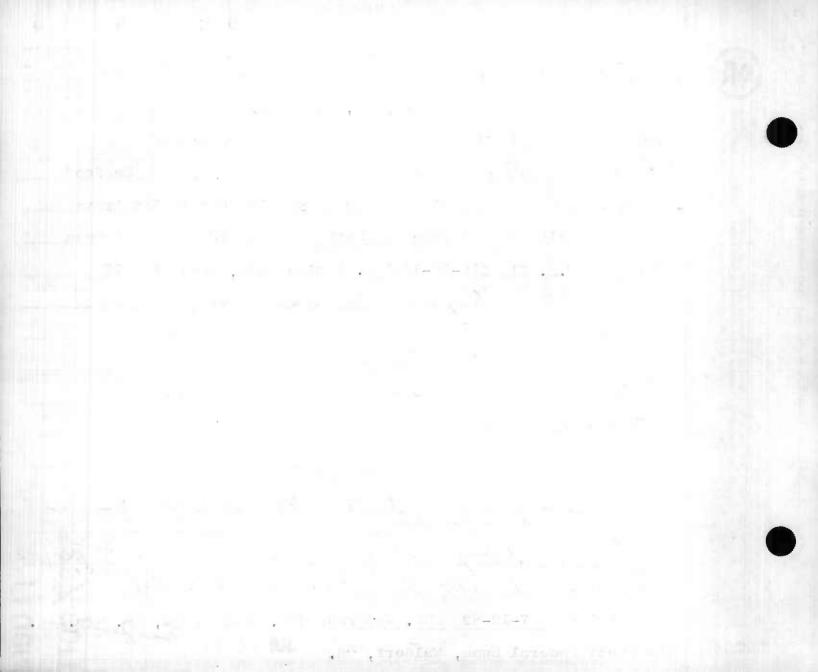
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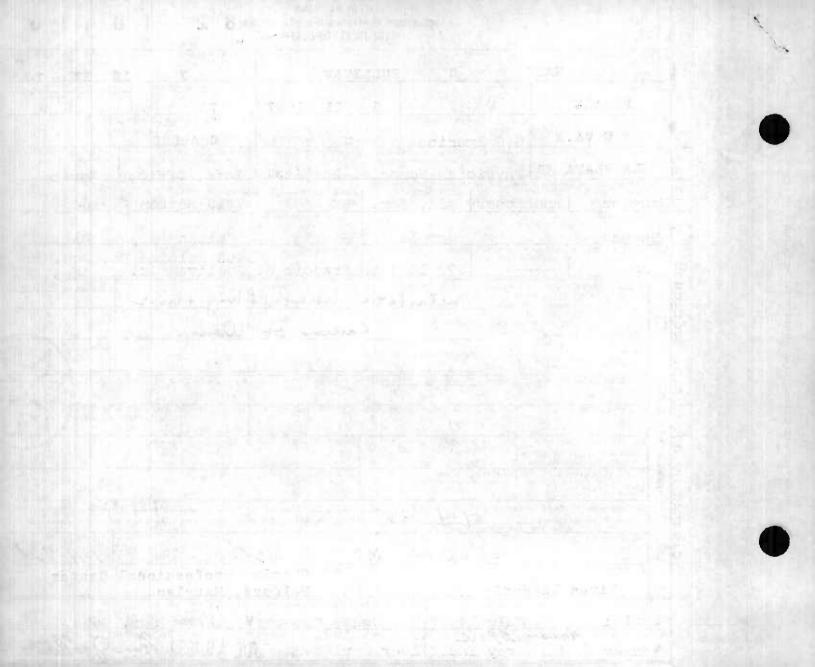
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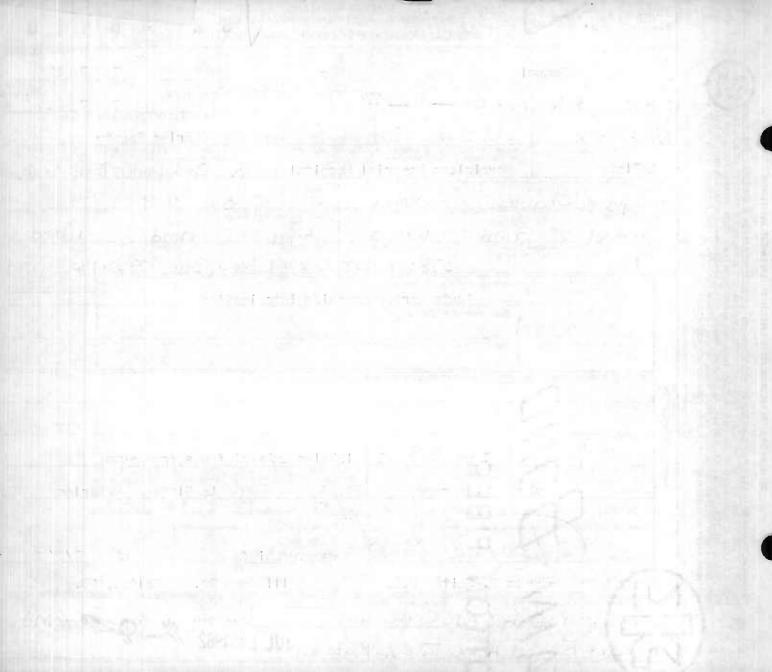
W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201



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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	-	EXAMINER'S NAME The	omas D. S	mlth, M.D.		ADDRESS	Penn St. E	Balto.,	MD.	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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